## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10649260

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                  |                               |              |  |          | SMALL ENTITY TYPE   |                        |         | OTHER THAN OR SMALL ENTITY |                        |  |
|---|--|---|------------------|-------------------------------|--------------|--|----------|---------------------|------------------------|---------|----------------------------|------------------------|--|
| TOTAL CLAIMS  |  |   | 25               |                               |              |  |          | RATE                | FEE                    | ]       | RATE                       | FEE                    |  |
| FOR   |  |   | NUMBER FILED     |                               | NUMBER EXTRA |  |          | BASIC FEE           | 375.00                 | OR      | BASIC FEE                  | 750.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | 25 minus 20=     |                               | *            |  |          | X\$ 9=              |                        | OR      | X\$18=                     | 90                     |  |
| INDEPENDENT CLAIMS  |  |   | 3 minus 3 =      |                               | *            |  |          | X42=                |                        | OR      | X84=                       |                        |  |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM PI                             | RESENT           |                               |              |  |          |                     |                        |         |                            |                        |  |
| * If the difference in column 1 is less than zero   |  |   |                  |                               | "0" in (     | column 2                                     |          | +140=               |                        | OR      | Ļ                          | C( )                   |  |
|   |  |   |                  |                               |              | 551471117 2                                  |          | TOTAL               |                        | OR      | TOTAL                      | 840                    |  |
|   |  | LAIMS AS A<br>(Column 1)                  |                  | Colur                         |              | (Column 3) SMALL EI                          |          |                     | ENTITY                 | OR      | OTHER<br>SMALL I           |                        |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA                             |          | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus            | **                            |              | =  |          | X\$ 9=              |                        | OR      | X\$18=                     |                        |  |
| AME   | Independent                                    | *   | Minus            | ***                           |              | =  |          | X42=                |                        | OR      | X84=                       |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                  |                               |              |  |          | .140                |                        |         | .000                       |                        |  |
|   |  |   |                  |                               |              |  | ı        | +140=<br>TOTAL      |                        | OR.     | +280=<br>TOTAL             |                        |  |
|   |  |   |                  |                               |              |  |          | ADDIT. FEE          |                        | OR      | ADDIT. FEE                 |                        |  |
| _   |  | (Column 1)<br>CLAIMS                      |                  | (Colur                        |              | (Column 3)                                   | 1 .      |                     |                        | •       |                            |                        |  |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT           |                  | NUM<br>PREVIO<br>PAID         | BER<br>OUSLY | PRESENT<br>EXTRA                             |          | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus            | **                            |              | =  |          | X\$ 9=              |                        | OR      | X\$18=                     |                        |  |
|   | Independent                                    | *   | Minus            | ***                           |              | <u>                                     </u> |          | X42=                |                        | OR      | X84=                       |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  (Column 1) (Column 2) (Column 3)  |  |   |                  |                               |              |  |          | +140≈               |                        | OR      | +280=                      |                        |  |
|   |  |   |                  |                               |              |  |          | TOTAL<br>ADDIT. FEE |                        | OR      | TOTAL<br>ADDIT. FEE        |                        |  |
|   |  |   |                  |                               |              |  |          | -DD11. 1 CC         |                        |         | ADDIT. I EE                |                        |  |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA                             |          | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus            | **                            |              | =  |          | X\$ 9=              |                        | OR      | X\$18=                     |                        |  |
|   | Independent                                    | *   | Minus            | ***                           |              | =  | ]        | X42=                |                        |         | X84=                       |                        |  |
| L   | FIRST PRESE                                    | NTATION OF M                              | ULTIPLE DEI      | PENDEN                        | CLAIM        |  | <b>]</b> |                     |                        | OR      |                            | <b> </b>               |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |  |   |                  |                               |              |  |          |                     |                        | OR      | +280=                      |                        |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  TOTAL ADDIT. FEE |  |   |                  |                               |              |  |          |                     |                        |         |                            |                        |  |
|   | The "Highest Nun                               | nber Previously Pa                        | id For" (Total o | r Independ                    | ent) is th   | highest number                               | er fou   | and in the app      | propriate bo           | x in co | dumo 1                     |                        |  |